



SAN DIEGO POLICE DEPARTMENT  
PERMITS & LICENSING UNIT

1400 'E' STREET - P.O. BOX 121431 SAN DIEGO, CA 92101



SWAP MEET  
Permit Application

San Diego Municipal Code, Section 33.0101(c) states you must have a valid police permit to operate a business designated as police regulated. You are responsible for being familiar with and complying with the rules and regulations related to Swap Meets. Copies of the Swap Meets - Swap Lots Ordinance and General Divisions for police regulated activities may be obtained from the City Clerk's office located at 202 C Street, 2<sup>nd</sup> Floor, Telephone # (619) 533-4000 or via the City's website: [www.sandiego.gov/](http://www.sandiego.gov/) (Department, City Clerk, Documents, Municipal Code, SDMC Chapter 3, Article 3, Division 32 and Divisions 1-5).

Each person desiring to operate a Swap Meet must submit a police permit application (one for each corporate officer/partner/owner) and a business addendum along with the following:

**ZONING APPROVAL**

San Diego City Development Services  
1222 First Avenue (Third Floor)  
San Diego, CA 92101 (619) 236-6490

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PLEASE PROVIDE THE FOLLOWING WHEN APPLYING FOR A POLICE PERMIT:

**BUSINESS TAX CERTIFICATE (SIX OR MORE EVENTS PER YEAR)**

San Diego City Treasurer's Office  
1200 Third Avenue (1st Floor)  
San Diego, CA 92101 (619) 615-1500

**POLICE PERMIT APPLICATION / BUSINESS ADDENDUM** - A criminal records check will be made on each applicant. A 30-day investigation period begins at the time the complete application is submitted.

**INVESTIGATION FEE** - Cash, check, cashier's check or money order for an annual, non-refundable Investigation Fee of \$104.00 must be submitted along with your application. (Please make payable check, cashier's check or money order to **CITY TREASURER**.)

**REGULATORY FEE** - An annual, regulatory fee of \$319.00 must be submitted, if you are operating a swap meet within a Quarter. An annual, regulatory fee of \$1,276.00 must be submitted if you are operating a swap meet Year Round. (Make check, cashier's check or money order payable to **CITY TREASURER**.)

No "OUT OF STATE CHECKS" will be accepted.



**SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING**  
1400 'E' STREET, MS-735, SAN DIEGO, CA 92101  
Telephone No.: (619) 531-2250



**APPLICATION**

**TYPE OF PERMIT:** \_\_\_\_\_

☐ Owner      ☐ Employee      ☐ Partner      ☐ Corporate Officer      ☐ LLC

Date of Birth: \_\_\_\_\_ Driver's License/ID #: \_\_\_\_\_ State: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Other Names Used: (Maiden, Alias, Etc.) \_\_\_\_\_ Stage Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Res. Ph. ( ) \_\_\_\_\_ Bus. Ph. ( ) \_\_\_\_\_ Cell Ph. ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Internet Web Site Address/Auction Site User Name: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

**Business Where Applicant Expects to be Employed:**

Business Name: \_\_\_\_\_ D.B.A.: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**1. List previous residence addresses for the last five (5) years:**

	Complete Addresses last five years	Year Date From	Year Date To
1			
2			
3			
4			
5			

**FOR OFFICE USE ONLY**

App. Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Received by: \_\_\_\_\_ ☐ Live Scan Rec: \_\_\_\_\_

Records Check: \_\_\_\_\_ ☐ RI01 ok or \_\_\_\_\_  
Initials/ID #

Approving PCCO: \_\_\_\_\_ Date: \_\_\_\_\_

2. List previous occupations, places of employment and/or schooling for the last five (5) years.

1	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
2	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
3	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
4	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
5	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO

3. List similar permits or licenses issued by any agency or board, or any city, county, state or federal agency in the past five (5) years. IF NONE, INITIAL HERE:

	TYPE OF LICENSE	LICENSE NUMBER	DATES HELD	CITY AND STATE
1.				
2.				
3.				

4. Have you ever had any permit or license issued by any agency or board, or any city, county, state or federal agency suspended or revoked? Yes ( ) No ( )

If yes, please complete below:

	CITY/STATE	DATE OF SUSPENSION OR REVOCATION	REASON
1.			
2.			
3.			

5. List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of *nolo contendere*. Expunged convictions must be listed per California Penal Code section 1203.4(a).

**IF NONE, INITIAL HERE:** \_\_\_\_\_

	CHARGE	DATE CONVICTED	LOCATION OF COURT
1			
2			
3			
4			
5			
6			

**APPLICANTS:** The right of reasonable inspection shall be a condition for issuance of a police permit. If a permit is issued, representatives of the police department shall have access to the business premises during normal business hours, which may include entry into the non-public portion of the business.

It is the responsibility of the permit holder to renew the permit no later than ten (10) calendar days after the expiration date on the permit. Failure to renew on time will result in penalty fee of \$25.00 plus 10% of the regulatory fee. If a renewal is not completed with all fees and penalties paid within thirty (30) days after the permit expiration date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. A permittee must then begin the application process as a new applicant (Section 33.0308 of the San Diego Municipal Code).

I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application or loss of licensure and that I may be subject to prosecution per section 11.0401(b) of the San Diego Municipal Code.

**I AM AWARE THAT THE INVESTIGATION FEE IS NON-REFUNDABLE. I AM AWARE THAT I AM RESPONSIBLE FOR BEING FAMILIAR WITH AND COMPLYING WITH THE RULES AND REGULATIONS RELATED TO THE POLICE REGULATED BUSINESS OR OCCUPATION FOR WHICH I AM APPLYING. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM OBTAINING PERMITS OR APPROVALS REQUIRED BY THE CITY OF SAN DIEGO OR STATE OR FEDERAL LAW. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM COMPLYING WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, INCLUDING THOSE RELATED TO BUILDING, ZONING, AND FIRE, AND OTHER PUBLIC SAFETY REGULATIONS. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT VEST ANY DEVELOPMENT RIGHTS IN THE PROPERTY OR BUSINESS.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE OF APPLICATION

**PLEASE BE ADVISED THE INFORMATION YOU PROVIDE ON YOUR APPLICATION MAY BE SUBJECT TO PUBLIC DISCLOSURE PER THE CALIFORNIA PUBLIC RECORDS ACT.**



Police Permit Application  
**BUSINESS ADDENDUM**

SAN DIEGO POLICE DEPARTMENT

1400 'E' STREET · M.S. 735 · SAN DIEGO, CA 92101

PLEASE COMPLETE ALL SECTIONS IF APPLICABLE  
(TYPE OR PRINT LEGIBLY)



TYPE OF PERMIT: \_\_\_\_\_ LOCATION: \_\_\_\_\_

☐ Sole Owner    ☐ Partnership    ☐ Corporation    ☐ LLC

Business Name: \_\_\_\_\_ D.B.A. \_\_\_\_\_

Business Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Business Tax Certificate # \_\_\_\_\_

LIST ALL FICTITIOUS NAMES THE BUSINESS WILL OPERATE OR ADVERTISE UNDER:

	FICTITIOUS NAME	PHONE #
1		
2		
3		
4		

IF APPLICANT IS A CORPORATION:

NAME OF CORPORATION AS SHOWN IN ARTICLES OF INCORPORATION OR CHARTER	DATE OF INCORPORATION	STATE OF INCORPORATION

NAMES AND RESIDENCE ADDRESSES OF EACH CURRENT CORPORATE OFFICER AND DIRECTOR:

NAME	RESIDENCE ADDRESS	TITLE
		PRESIDENT
		VICE PRESIDENT
		SECRETARY
		TREASURER

FOR OFFICE USE ONLY

DATE FILED:	
RECEIVED BY:	
DEVELOPMENT SERVICES - ZONING	FIRE & LIFE SAFETY DEPARTMENT
APPROVED BY:	APPROVED BY:
DATE:      PHONE:	DATE:      PHONE:
APPROVING OFFICER:	DATE:

IF PARTNERSHIP, LIST NAME AND RESIDENCE ADDRESS OF EACH PARTNER, INCLUDING LIMITED PARTNERS:

NAME	RESIDENCE ADDRESS	TITLE

LIST FULL TRUE NAME AND ANY OTHER NAMES USED BY THE OWNERS AND ANY PERSONS WHO EXERCISE CONTROL OVER THE OPERATION, MANAGEMENT, DIRECTION OR POLICY OF THE BUSINESS, OR WHO ARE RESPONSIBLE FOR THE DAILY OPERATION OF THE BUSINESS:

	FULL NAME	TITLE
1		
2		
3		
4		
5		

APPLICANT'S PREMISES ARE ☐ OWNED ☐ LEASED/RENTED

IF RENTED OR LEASED, PLEASE PROVIDE THE NAME AND ADDRESS OF THE PROPERTY OWNER(S):

PROPERTY OWNER'S NAME	PROPERTY OWNER'S ADDRESS	PHONE #

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\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE OF APPLICATION

\_\_\_\_\_  
RESPONSIBLE PERSON COMPLETING APPLICATION IF NOT APPLICANT - PRINT & SIGN

\_\_\_\_\_  
TITLE/POSITION